APPLICATION FOR ABSENTEE BALLOT _____COUNTY, SOUTH DAKOTA

(All ballots must be delivered or mailed to the person in charge of the election in time to permit transmittal to the polling place before the polls close.)

You may apply for an absentee ballot for any or all primary, general, or special elections conducted by your county with one request. However, you must make a separate request for municipal elections and another for school elections.

Check the election(s) for which you are requesting an absentee bath Primary (party ballot as shown on voter registration) General Municipal School Special		an abser	ntee bal	lot for that el	ection.	
If request is for a municipal or school election: I have lived in that jurisdiction at least 30 days in the last year. Ye I am a full-time postsecondary student who resided in that jurisdict education. Yes □ No □ I am on active duty military and my home of record is in that jurisdi	tion imm	ediately p		eaving for po	ostseconda	ary
My voter registration residence address is:						
My printed name as it appears on the voter registration list is: I hereby verify that I am the person named above and these stater				ue and corre	ct.	
Sworn to before me this day of, 20 (Seal)	V	oter Signa	ature			
My Commission Expires	S	Signature of Officer Administering Oath				
NOTE: The voter's signature must be witnessed by a notary public signature is not witnessed, this application must be accompanied by the office of the person in charge of the election, you must show a An acceptable ID is: A South Dakota driver's license or nondriver ID card A passport or other picture ID issued by the United States gove A tribal photo ID A photo ID issued by a South Dakota postsecondary education	c or othe by a cop valid ID rernment	er officer a by of the v	authoriz	ministering C ed to admini alid ID. If ab	ster an oat	th. If the ting at
COMPLETE THIS PORTION IF BA	LLOT IS	S TO BE N	MAILED			
Mail my ballot to the following address: (Street address of Street address of	or PO Bo	ox) ((City)	(State)	(Zip))
COMPLETE THIS PORTION IF REQUEST IS FOR AN AUTHORIZ application must be received by the person in charge of the electio I authorize to serve as my authorized messenger to p of law that I am sick and/or confined and for this reason alone am i	n before pick up m	3:00 p.m ny absent	n. on ele ee ballo	ection day): et. I further ce	ertify unde	r penalty
THE AUTHORIZED MESSENGER MUST COMPLETE THE FOLL Name: Phone: Address:	.OWING					
Are you serving as an authorized messenger for any other voter? acknowledge receipt of the ballot for the above-named voter on _	at _			ature of auth	norized me	essenger